PTO/SB/17 (10-08)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
							10/584,189-Conf. #8002		
FEE TRANSMITTAL						June 23, 2006	<del></del>		
For FY 2009				***************************************			Hongyuan WANG		
				···		G. Listvoyb	· · ·		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1796				
TOTAL AMOUNT OF PAYMENT		(\$) 1,300.00	<u> </u>	Attorney Docket No.		1752-0183PUS	1752-0183PUS1		
METHOD OF PA	AYMENT (check	all that apply)							
Check Credit Card Money Order Other (please identify):									
x Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULA	<del>·</del>								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
	FII	LING FEES	SE/	ARCH FEES	EXAMI'	NATION FEES	FEE\$		
Application Type	e Fee (\$)	Small Entity  Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110	1.00-	Lpin (4)	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325	<del></del>		
Provisional	220	110	0	0	000	0			
2. EXCESS CLAIM			·	v	•	· ·		Small Entity	
Fee Description Fe									
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)							220	110	
Multiple dependen	t claims						390	195	
<u>Total Claims</u>	Extra Claims	Fee (\$)	Fe	Fee Paid (\$)		Multiple Dependent Claims		<u>ıs</u>	
	or HP =	_,× =			E	<u>ee (\$)</u> <u>F</u>	Fee Paid (	( <b>\$</b> )	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims	Extra Claims	<u>Fee (\$)</u>	Fee Paid (\$)						
	r HP = of independent claims	- ^	. =						
3. APPLICATION S		home to the control or me.	J.						
	on and drawings ex	ceed 100 sheets of	f naper /	excluding electro	onically f	iled sequence or (	computer		
listings under :	37 CFR 1.52(e)), tl	the application size	e fee due	e is \$270 (\$135 fo	ior small e	entity) for each ad	iditional (	50	
sheets or fracti	ion thereof. See 35	5 U.S.C. 41(a)(1)(	G) and	37 CFR 1.16(s).			· <del>-</del>	•	
Total Sheets	Extra Sheets	<u>Number o</u>	<u>f each ar</u>	dditional 50 or frac	tion there:	of <u>Fee (\$)</u>	<u>Fee</u>	Paid (\$)	
·	100 =	/50 =		(round up to a who	ile number)	, x =	•		
4. OTHER FEE(S)							<u>Fees</u>	s Paid (\$)	
	pecification, \$130		ty disco	unt)	" (DÁI		_		
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 1252 Extension for response within second month 490.00									
SUBMITTED BY									
Signature 1/4	Man	/han	$\Box$	Registration No.	32,181	Telephone	(703) 20	05-8000	
Name (Print/Type) M	larc S. Weiner	<u> </u>		(Attorney/Agent)			C 3 6		
						10000	-5.10	7111IN	